



## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number 2002213	Report Filed By (Mark X)	Candidate	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committe	E TO ELEC	T FLO FA	ABR1Zit	
Street Address	2617 POPL				
CITY ERIE		State	Zip Code	16508	
Type of Report (Place x under report type)			ş		
1-6 <sup>th</sup> Tuesday 2-2 <sup>th</sup> Friday 3-30 Day Po Pre-Primary Pre-Primary Primary		2 <sup>nd</sup> Friday   6-30 Day e- Election   Election	Post 7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
			$\times$		
Date Of Election (MM/DD/YYYY)	Year 2	Amendm Report	ent	Termination Report	
Summary of Receipts and From Date Expenditures.			For	Office Use Only	
A. Amount Brought Forward From Last Rep	7   12   31   2 ont   5   13, 938	- (	<u> </u>		
B. Total Monetary Contributions and Receip (From Schedule !)	its \$ 1,550	0		**************************************	Francisco Argus 2011 Constitution All Armonia
C. Total Funds Available (Sum of Lines A and B)	\$ 15, 488	اد .			29
D. Total Expenditures (From Schedule III)	5 6,004		•		<b>7</b>
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 9,484	i i			10: <b>0</b> 8
F. Value of In-Kind Contributions Received (From Schedule II)	\$ O			<b>.</b>	0.
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 2,416	73			14
Part 1- If this is a <b>Committee</b> report, treasurer sign		Affidavit Section	hara		
I swear (or affirm) that this report, including the af				ue, correct and comple	ite.
Sworn to and subscribed before me this					
22 day of January 20 18 COMMONWEALTH OF PE		Sign	ature of Person Subra	tting report	
Signiture From Thomas Mayo, N	AL otary Public	VICTORIA	Printed Name		_
My Commission expires My commission expires	County	214 Area Code		8-4033 time Telephone Numbe	er
Part II- If this is a report of a Candidate's Authorize	d Committee candidate	chall cian here			
I swear (or affirm) that to the best of my knowledge amended.			ed any provisions of th	ne Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this		$\mathcal{A}$	10	1	
Joseph January 20 18		- Flo.	Signature of paridid	F. Fabriz	 L'O
My Commission expires Just Thoras Mayo No Mo. City of Arie, Eris My commission expires Just My commission expires M	tasy Public	Area Code	Přínted Name  Dayti	CP - 4033 me Telephone Number	?

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		 •		-
	2002213		,	

1. Unitemized Contributions and Receipts: \$50.00 or Less per Contributor	n period Period Salaks	
Total for the reporting period (1)	-	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	250
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)	1969. 1971	
Contributions Received from Political Committees (Part C)	\$	1,300
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	1,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1, 5 50

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identi	tification Nu	神感 投資器 としい という				
Profession and		200	2713			
						Amount
	e of Contri	buting			Date [MM/DD/YYYY] \$	
Committe	Be year	ITC	HOLDIN	GS CORP, PAC	07/13/2017	250
House #	.]	Street Address	- DUNCENT	p St., Suite 900	Date [MM/DD/YYYY] \$	
	201		W 173E1V	D STO SWITE TOU		
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
1	LANS	ina	M	1. '. I		
Service A. Court.	e of Contri		1 10 No. 16 100g		Date [MM/DD/YYYY] \$	
Committe	March 6 Carlotte Street				2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
House #		Street Address			Date [MM/DD/YYYY] \$	
The second					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
				Sarage Sales	1004	
Full Name	e of Contri	buting		The state of the s	Date [MM/DD/YYYY] \$	
Committe						
A RESIDENCE	<u> </u>					
House #		Street Address			Date [MM/DD/YYYY] \$	<del></del>
City	_1		State	Zip Code	Date [MM/DD/YYYY] \$	
Salling a						
Full Name	e of Contri	buting			Date [MM/DD/YYYY] \$	
Committe	garan da kalabaran 19				227 NVW 276 2 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	
House #	<u></u> √	Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Control of the Contro						
Full Name	of Contril	outing			Date [MM/DD/YYYY]	
Committee						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	La Stanting				
House #		Street Address			Date [MM/DD/YYYY] \$	
					W	
City	<u> </u>	1 3 7 3 3 7 2 2 3 3 3 3 3 3 3 3	State	Zip Code	Date [MM/DD/YYYY] \$	
ALEXAN						
Full Name	of Contrit	uting	4 - 2 - 2 - 2	Light Control (Sept. 1)	Date [MM/DD/YYYY] \$	
Committee					Safe high on the time	
House #	al and a second	Street Address			Date [MM/DD/YYYY] \$	<u></u>
	ĺ				TTOT WIND THE STORY OF THE STORY	
City			State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Fleridentification: Number		 · <del></del>
	2062213	

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House # Street Address			Date MM/DD/XXXXI	
ē izy	State	Zip Code	Date MM/DD/YYYYI	The state of the s
Eulf Vame of Contributor.			Date (MM//DD//////)	0
EGUSE : Street Address			Date (MM/DD/YYYY) S	
City	State	Zip Code	Date (MM/DD/YYYY)	
sull Vence of Contributor			Date [MM/DD/AYYY] S	O
House#/ Street Address			Date [MM/DD/YYYY] \$	·
© t.V/	State	Zip Code	Date [MM/DD/\\\\\]	
FUIP Veime of Contributor			pare (MM/DD/XXXXI) s.	0
House's Street Address			@Date#IMM/DD/AAAAA >	
iGity =	State	Zip Code	Date (MM/DD/XXXX)	
EUITName of Contributor			Date [MM/DD//YYY) 35	0
House # Street Address			Date (MM/DD/XXXX) \$	
eity.	#State	Zip Code.	Adate (MM/dd/Aexy) 25	
Eull-Name of Contributor			Date MM/DD/AXX44 s	, O
Stree Address			Date (MM/DD/WYY)	
EG.	State*	Zip Code	Date (MM/DD/AYA)	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

File (dentification Number, 200 2113	 	 <del></del>
Eller Identification Number 2		
	 	 · <del>- ·</del>

Following committee STEAMFTTTERS LOCAL UNION 449	Date [MM/DD/YYY) \$	
PACFULDO HOUSE # Street Address	09   26   2017   S	300
1517 Woodruff St.	Pate In M. P. P. P. M. P.	
Gfs/ State Zip Code	Date [MM/DD/^^^] 5	
Rittsburgh PA 15230		
Contributing Committee	Date [MM/DD/(\$434] &	_
Abbvit PAC  House # Street Address - 1 02 0 0 1 1	11/2//2017 Date IMM/DD/YYYY) 8	.50rs
Street Address Dept. 0312, Blag. AP34-3 N. WAUKGEN RD.	Something Solution of the state	
State Zip Code 60064	Date (MM/DD//YXXX) 3	
FollManeo(E)	Date (MM/DD///YY) S	
Contributing Committee United HEALTH GROUP	11/24/2017	500
(OUSC# Street Address	Date [MM/DD/YYYY]	
701 PA AVE. NW City State Zip code	Date [MM/DD/xxxx)	
WAShington DC 20004	Parestalki(Van) Fisher	
Full Name of Contributing Committees	NDSTERIMIN/DD/ASSAULT	
House Street Address	* Date (MM/DD//YYY)	
State Zip Code	Date (MM/DD/AAAA)	
Fills/sime of section of the section	DETERINIM/DID/NAVATI	
Nouse# Street Address	Date (MIM/DD/MYX)	
Giy/ State Zip/Code	Date (MM/DD/)((A)	
Till: Vengerol 195 norbining Committee	DEDENIN/DDAMAGE 5.	
Spee Address	Date (MM/Job/A444) - 3.	
917 State Zin €cote	Date (MM/DD/MMM)	

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number	2002213		,

ACTION AND LINE WAS ACTIONS OF A COLUMN TO THE PROPERTY OF THE PROPERTY OF A COLUMN TO THE PROPERTY OF THE			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House's Street Address			Date [MM/DD/YYYY]
Fig.	State	Zip Code	Date [MM/DD/YYYY]\$
Employer Name			Occupation :
lamologe é Mailline (Address /). Principali Place o é Brances			The state of the s
rulk (kimerák contabuter)			Date (MM/DD/YYYY) \$
House L. Street Address			Date [MM/DD/YYYY] \$
Give	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name	.10421	<del></del>	Occupation
Employe#MailingAndress# PantelphMabesofBhemess			
a Eulla Mannesof (converbutor)			Date[MM/DD/MYY] 5
House # Street Address	to another Real		Date [MM/DD/YYYY] \$
City:	State	Żip Code	Date IMM/DD/YYYY] \$
	CARDATE CONTROL	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Employed lame	ENGGERSCOPPACE	(William State Transfer State	Occupation
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Emileyer/hilling/libress/	REGERENCE		Occupation  Date (MW/DD/MYY)
Employe: Mailing Address / Principal Place of Brisiness Full Name of Contributor  Floursess Single Address	PORTURNATION		Date [MM/DD/YYYY] \$1  aDate [MM/DD/YYYY] \$3
Employer Mailing Address / Principal Place of Business Full Name of Contributor  Fouse # Street Address City/*	State	Z[p ode	Date [MM/DD/YYYY] \$ 1  a Date [MM/DD/YYYY] \$ 2  Date [MM/DD/YYYY] \$ 5
Employe: Mailing Address / Principal Place of Brisiness Full Name of Contributor  Floursess Single Address		Zip ode	Date (MM/DD/YYYY) \$ 1

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

File adentification Number+

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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and the second s					
Full/lame					
House(# Size	eet-Address				
City	A CONTRACTOR OF THE CONTRACTOR	State :	ďÞ	Date [MM/DD/YYYY]	
			Code	Date [MM/DD/YYYY] \$	
रिदर्शनिक्ष्णक्ष्यकानुग्रहेत					
FURNING.					
House III	et Address				<del>-</del>
		Crate		PD #1 * MM/DD/YYYY] \$ \$	
σ̃ίν)		State	Zip. Code	Date [MM/DD/YYYY] \$	
Receipt Descriptions				- F9940"	
Tang salata					<u></u>
	et Address				
	et Address	LANCE PORCES MICHIGAN	La constantina de la constantina della constanti		
(डॉर् <b>)</b>		State	Zĺp. Code	Date [MM/DD/YYYY] \$	•
Receipt Description			· · · · <u>· · · · · · · · · · · · · · · </u>		
क्या (रिजा)					
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receipt Description		E TOTAL CONTRACTOR OF THE PARTY	- State of the sta		
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HOUSER!! Stree	et Address		· · ·		-
erva		State	<b>/</b> 4p.	Date [MM/DD/YYYY] \$	
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Receipt Description					
Jauli Name	<u>,</u>		· · · · · · · · · · · · · · · · · · ·		
	entre de la constant				
	et Address 57 20 30 5				
city.		State	Zip Code	Date [MM/DD/YYYY) S	
Reselpts Descriptions					

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 200	12213			,
1 UNITEMIZED INSKIND CONTR	IBUHIONS RECEIVED AVAI	TUE OF \$50.00 OR TESS PE	RICONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REG	SEIVED-VAUUE(OF:\$50.01	170 S250 00/(ERGIM PART	<b>(</b> )	
			0	
TOTAL for the reporting period	(3)	\$ \$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			0	
on age 1, Nepoli Cover age, Herry				

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number		 	 	
Eller (dentilication Number				
	2 442717			
Filer identification Number	かんひょかしつ			, ,

Charles and the control of the contr	• •		The second secon	
Full Name of Conumbutor			Date [MM/DD/YYYY] \$	0
House # Street Address			Date [MM/DD/YYYY] \$	
City *	State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/YYYY) \$	6
Fouse # Street Address			Date [MM/DD/YYYY] S	
City A	State:	Zip Code	.Date [MM/DD/YYYY)] S	
Description of Contribution				
FUL: Name of Contributor			Date [MM/DD/YYYY] \$	0
Alouse # Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contributions				
all Prame of Contributor			Date (MM/DD/YYYY) \$	0
Street Address			Date (MM/DD/XXXX) \$	
	State	Zip Code	Date [MM/DD/XXYY]	
Pescription of Contribution				
Full Name of Contributor			Date MM/DD/YYY1 = 5	Q
diouse # Street Address			Date:[MM/Db//////] 25	
.Eigy 19.e=capitonof Contabution	State	Zíp Code	Date [MM/DD/MMM] 53	

### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

A Committee of the Comm		 
Electron Number		
theridentification Number (2)		
Filer Identification Number: 200		
	~ ~ ~	
	T T   -	
	<i></i>	,
ALCOHOLD BUILDING TO A STATE OF THE PROPERTY O		 

Full Name of Contributor	Date [MM/DD/YYYY] \$
House W Street Address	*Date [MM/DD/YYYY] \$5.
City State Zip Code	Date [MM/DD/XXYY] \$
/Employer Name	Occupation.
Employer Mailing Address / Principal & Place of Business	Description of Contribution
ŦijĬĬŢĦĸĠŖ <b>ĸĠ</b> ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	Date (MM/DD/MMM) \$1
House:# Street Address	(Date [MM/DD/YYYY] (\$)
State. Zip Code ::	Date [MM/DD/YYYY] 53
Employer Name	Occupation .
Employer Malling Address / Penicipal Place of Business	Description of Contribution
sull/nameroilsontributors	oete (MM/ody/yyy) (S)
Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY] 35
Employer-Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributo	Date (MM/DD/WWY)
HCCSC#) Street Address	Date (MM/DD/YYYY) 5
City State 71p Code	Date [MM/DD/Y/Y/] 5
Employer Name  Employer Mathing Address / Principal 1/2	Occupation (
Pace of Boginess	o Contribution

# Statement of Expenditures

Tiles Montification Numbers		
Filer Identification Number	_	
	" (BA ~ ~ )	
	20221	$\sim$
		_

To Whom Paid Committee to Elect PAWN Difface-Romes, Date [MM/DD/YYY] 3 Description of Expenditure Description of Expenditure Description of Expenditure For FUND RAISER  To Whom Paid Street Address  State PA Code 16561  Swanson For memorial Date [MM/DD/YYY] 3 Date [MM/DD/YYYY] 3 Date [MM/DD/YYYYY] 3 Date [MM/DD/YYYY] 3 Date [MM/DD/YYYY] 3 Date [MM/DD/YYYYY] 3 Da	
House # PO Street Address Box 3026  City ERIE PA Code 1650 Host Committee For FUND RAISER  Townson Paid Date IMM/DD/YYYM S  State PA Code Date IMM/DD/YYYM S  LOUISE # 1310 Street Address  TROQUOIS AVE.  City State Zip	
ERVE PA Code 16561 Host committee For FUND RAISER  TO Whom Paid  Suanson For memorial Lodge # 45 Dalos 12017 50  House # 1310 Street Address  TROQUOIS AVE  State Zip	
Street Address  1310  Street Address  14310  Date [MM/DD/XXXY]  Street Address  14310  Description of Expenditure  State  Zip	
SWANSON FOR MEMORIAL LODGE # 48 D2 108 12017 50 House # 1310 Street Address IROQUOIS AVE  State Zip	
Trouse# Street Address   Description of Expenditure    Lity   State   Zip	
City State Zip	
	* 4
ERIE PA CODE 165 to FOR QUNRAPFLE	
To Whom Paid Date [MM/DD/WW] \$	
1 PA Sheriffs Assn. 02/15/2017 46	-arteming subside Mill Colored
House# Street Address Description of Expenditure N. 2ND S+	
HARRISBURG PA Code 17110 Membership dues	
Tos Whom Paid Date (MM/DD/AWY) 3	
SHOOT ABOVE PAR, INC. 02/5/2017 220	5
House # Street Address   Description of Expenditure   So x 213 \( \)	
CRY State Zip PA Code 16505 DOWATION	, , , , , , , , , , , , , , , , , , , ,
ToXVItomP2[d] Date MM/DD/XYY1 S	
\$ 15 TERS OF Mercy 02/19/2017 20	
Flouse # Street Address Description of Expenditure :  ABBOTT Rd.	
State Zip MERCY MARCH TO EASTER	K.
Buffalo NY Ede 14226 MONEY CALENDARS	
TO Whom Paid 2  CALIF. Consumation of the California of the Califo	
ERIE COUNTY DEPOCRATIC PARTY 03/19/2017 100	
PO BOX 1184	
ERIE PA Code 16512 Petition Signing event	1+
Lowhom Paid (MM/DD/YYYY) (S)	·-
ERIE COUNTY FOR LODGE 64 03/05/2017 100	,
House # Street Address Po Box 8668 Description of Expenditure	
FRIE PA CODE 16505 PROGRAM AD	
Percentage and the second of t	
St. PAUL R.C. CHURCH 03126/2017 600	
House It Street Address Description of Emenditure UAL NUT SI -	
State Zip Theme basket for ITALIAN  FRIE PA Code 16502 TECTUR	a)

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To.Whom Paid			Date (MM/DD/AYYV)
SACRED HEAR	RT ALTAR SOC	IETY	03(27/2017 200
House # Street Address	26+4		Description of Expenditure
为"新闻"的" · · · · · · · · · · · · · · · · · · ·	State	Zip	PRINTING CUSTS FOR
ERIE	PA	Code 16508	50-50 TICKET 5
To Whom Paid			Date [MM/DD/YYYY] \$
Committee +	O Flect CAR	LL ANDERSON	03/31/2017 100
House # Street Address	SHOE BIVE		Description of Expenditure
AND COMPANY OF THE PROPERTY OF	State PA	Zip Code 16504	BONATION
To Whom Paid		N	Date [MM/DD/YYYY] \$
	- lect letesa	Stankiewicz	03/31/2017 50 Description of Expenditure
3916 BE	ech AVE.		Description of experiencing
City ERIE	State PA	Zip Code 16508	fund raiser
To Whom Paid	4.0	40	Date [MM/DD/XYYY] \$
COMMITTEE T	O ELECT GA	ry Grack	03/3/12017 50
House # Street Address EL	10T Rd.		Description of Expenditure
ERIE	State PA	Zip Code 16508	fundraiser
TO Whom Paid PAHRICK I. DIP	PAOLO Memori.	AL	Date [MM/DD/YYYY] \$
Scholarshi g	p FUND		04/11/2017 50
House # Street Address Po	BOX 3073		Description of Expenditure
ER1E	State PA	Zip Code 16508	owner tickets
To Whom Paid		_	Date (MM/DD/YYYY) \$
House # Street Address	to Elect Jim	WISNARSKI	04(11)2017 Description of Expenditure
1140 E.	3151		pessiption or capellorule.
	State PA	ZIP Code 16504	fund RAISER
To Whom Paid ERIE - CRACUEOR	n a division / Car		
		NTRAL LABOR	Date [MM/DD/YYYY] \$ 230
BANQUE		NTRAL LABOR	04/25/2017
House # Street Address w	. 8th, Ste, 1	-va	450
House # Street Address w	<u> </u>	-va	Description of Expenditure  PROGRAM AD   BANGUET  TICKETS
BANQUE House# Street Address い	. gth, ste, state	Zijo Code 16501	PROGRAM AD BANGUET  TICK FTS  Date [MM/DD/YYYY] \$ 199
BANQUE  House # 32 W  City ER1E  To Whom Paid ERIE COUNT / B	. gth, ste, state	<b>Zip</b> Code 16501	PROGRAM AD   BANGUET  TOCKETS  Date [MM/DD/YYYY] \$

Eller Identification Number:			
14.5	<b>~</b>		
	212		
	- • _		

TO Whom Paid PATRICK	J. DIPACLO MEMORIAL	Date [MM/DD/YYYY] \$
Scholi	arship Fund	04/29/2017 100
House # Street Addr	ess 10 BOX 3073	Description of Expenditure
City ERIE	State Zip Code 1 6	SOS SPONSOR
To Whom Paid		Date [MM/DD/YYYY] S
HOLY TI	RWITY Re Church	04/29/2017 200
House # Street Addr	REED ST.	Description of Expenditure
ERIE	State Zip Code /4	503 ZABAWA PROGRAMAD
To Whom Paid		Date [MM/DD/YYYY] \$
	RINITY UShers Societ	y 05/14/2017 70
House # Street Addre	REED St.	Description of Expenditure
ERIE ERIE	State PA Code 11	503 GUYS AND DOLLS TICKETS
To Whom Paid		Date [MM/DD/YYYY] \$
A CONTRACTOR OF THE PROPERTY O	POLICE Athletic LEAGUE	05/15/2017
House# Street Addr	State St., Ste. 1400	Description of Expenditure
ERIE	State Zip Code Zip	6501 SPRING DINNER
To Whom Paid		Date [MM/DD/YYYY] \$
SOME	OF LITTLE ITALY	06/10/2017 100
House# Street Addr	ess ω. 17th	
House# Street Addr	ess し、ロナト State Zip	Description of Expenditure  Summer GET-TUGETHER
House# 640  City ERIE  To Whom Paid	State PA Code 10	OG (10) 2017 100  Description of Expenditure  Summer GET-TUGETHER  Date [MM/DD/YYY] \$
House# 640 Street Addr.  City ERIE  To Whom Paid  KA+ky	State PA Code 11	OL(10)7017 100  Description of Expenditure  Summer GET-TUGETHER  Date (MM/DD/YYY) \$
House # 50 MS ( House # 640  City ERIE  To Whom Paid  KA+K4  House # Street Addir	OALIKEMPER COUNTY EXECUSES  PO BOX 528	Description of Expenditure  Summer GET-TUGETHER  Date [MM/DD/YYY] \$  UTIVE UT /10/2017 100
House # 640 Street Addr.  City ERIE  To Whom Paid KA+hy  House # Street Addr.	PAHIKEMPER COUNTY EXECUTES  PO BOX 528  State  State  PO BOX 528	Description of Expenditure  Summer GET-TUGETHER  Date [MM/DD/YYY] \$  UTIVE UT   10/2017   100  Description of Expenditure  6512 FUND RAISER
House # 640  City ERIE  To Whom Paid  KA+hy  House # Street Addr  City ERIE  To Whom Paid	State PA Code 10  PANIKEMPER COUNTY EXECUTES  PO BOX 528  State PA Code 1	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYY] \$  UTIVE UT /10/2017 100  Description of Expenditure  6512 FUND RAISE R  Date [MM/DD/YYY] \$
House # 640  City ERIE  To Whom Paid KA+hy  House # Street Addr  City ERIE  To Whom Paid Street Addr  City ERIE  To Whom Paid Street Addr	State PA Code 10  PAHIKEMPER COUNTY EXECTESS  PO BOX 528  State PA Code 1  L RC Church	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYY] \$  UTIVE OF ITO/2017 100  Description of Expenditure  6512 FUND RAISER  Date [MM/DD/YYY] \$  07113/2017 50
House# 640  City ERIE  To Whom Paid  City ERIE  To Whom Paid  Street Addr  Street Addr  Street Addr  Street Addr  1617	PALINUT	Description of Expenditure  Summer GET-TUGETHER  Date [MM/DD/YYYY] \$  UTIVE UT   10/2017   100  Description of Expenditure  FUND RAISE R  Date [MM/DD/YYYY] \$  07/1/3/2017   50  Description of Expenditure
House # 640  City ERIE  To Whom Paid  City ERIE  To Whom Paid  Street Addr	State PA Code 10  DANKEMPER COUNTY EXECUTES  PO BOX 528  State PA Code 1  L RC Church  Tess WALNUT  State Zip	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYYY] \$  CUTIVE UT   10/2017   100  Description of Expenditure  6512 FUND RAISE R  Date [MM/DB/YYYY] \$  07113/2017   50  Description of Expenditure  17811AN FESTIVAL RAFFLE  TICKETS
House # 640  City ERIE  To Whom Paid KA+hy  House # Street Addr  City ERIE  To Whom Paid	PA Code 1	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYY] \$  OUTIVE OUT INDICATOR  Description of Expenditure  LS12 FUND RAISE R  Date [MM/DD/YYYY] \$  OT 113/2017 50  Description of Expenditure  LTALIAN FESTIVAL RAFFLE  TICKETS  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # 640  City ERIE  To Whom Paid  City ERIE  To Whom Paid  Street Addir  Street Addir  Street Addir  City ERIE  To Whom Paid  Street Addir  Street Addir  ALZHE	PA Code 10  PAHIKEMPER COUNTY EXECUTES  PO BOX 528  State PA Code 1  Code 1	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYY] \$  DITOR DESCRIPTION OF Expenditure  LS12 FUND RAISE R  Date [MM/DD/YYYY] \$  O7113/2017 50  Description of Expenditure  LTALLAN FESTIVAL RAFFLE  TICKETS  Date [MM/DD/YYYY] \$  O7117/2017 55
House # 640  City ERIE  To Whom Paid KA+hy  House # Street Addr  City ERIE  To Whom Paid	PA Code 10  PAHIKEMPER COUNTY EXECUTES  PO BOX 528  State PA Code 1  Code 1	Description of Expenditure  SUMMER GET-TUGETHER  Date [MM/DD/YYY] \$  OUTIVE OUT INDICATOR  Description of Expenditure  LS12 FUND RAISE R  Date [MM/DD/YYYY] \$  OT 113/2017 50  Description of Expenditure  LTALIAN FESTIVAL RAFFLE  TICKETS  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

TOTAL Series and condition of the feet state is a state of a series of the		 	 
Filer Identification Number:			
Filer Identification Number:			
A CONTRACTOR OF THE CONTRACTOR	100 7 7 1 7		
<ul><li>本ではおきのような関係が、他的なおかりがあるとはおものはます。ました。</li></ul>			
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A SECTION OF THE PROPERTY OF T		 	

To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address .	07/17/2017 40 Description of Expenditure
3830 PARADE BIVP.	
City State PA Code 16504	FUND RAISER
To Whom Pald	Date (MM/DB/YYYY) \$
ICE HOUSE GANG	07/31/2017 100
House # Street Address WOLF MIN VILLAGE LANG	Description of Expenditure
City State PA Code 16505	PINNER
To Whom Paid	Date [MM/DD/YYYY] \$
SECOND HARVEST FOOD BANK OF NW PA	US loユレチロ17 U の Description of Expenditure
House # Street Address G-ERMAN	DESCRIPTION OF EXPENDITURE
State PA Code 16507	PONATIO N
To Whom Paid	Date [MM/DD/YYYY] \$
WEGMAN'S	08/08/2017 250
House # 6143 Street Address PEACH ST.	Description of Expenditure
City State Zip Code 16509	SUMMIT SENIOR PICKIC
To Whom Paid	Date [MM/DD/YYYY] \$
COUNTRY FAIR	08/08/2017 200
House# Street Address PEACH	Description of Expenditure
City ERIE State PA Code 16508	GIFT CERTIFICATES FOR SUMMIT SENIOR PICNIC
To Whom Paid	0810812017 LOD
House # Street Address	Description of Expenditure
PO BOX 3172	
State PA Code 16508	PROGRAM AD
TOWNOMPAID MCKEANI EDIN BORD VFW POST 740	08/11/2017 50
House # Street Address Rtc. 98	Description of Expenditure
City EDINBORD PA Code 16412	SPORTSMAN'S RAFFLE
TO Whom Paid KENNETH J. GAMBLE, CLERK OF	08 14 (2017 80
House # Street Address W. 32ND	Description of Expenditure

# Statement of Expenditures

Filer Identification Number:				
	and the state of the state of	2002213		 

To Whom Paid	Date [MM/DD/YYYY] \$
Commuttee to Elect Jerry Villesia	18/14/2017 30
House # 150 Street Address E.8th 2nd FlR.	Description of Expenditure
City State PA Code 16501	FUNDRAISTR
DR MICHAEL J. HOSY MEMORIAL FUND	Date (MM/DD/MYY) \$
House # Street Address	08 26 2017   100  Description of Expenditure
459 W.6+h	
City State PA Code 16507	Charity Benefit
To Whom Paid	Date [MM/DD/XYYY] \$
FRIENDS to EIEU LAURIE MIKIERKI House # Street Address	08)26)2017 56  Description of Expenditure
PO 80×39	
City State Zip PA Code 16426	FUND RAISER
To Whom Paid	Date [MM/DD/YYYY] \$
HOUSE # Street Address	08/30/2017 250
200 W. 11+ h	Description of Expenditure
ERIS State PA Code 16501	FUND RAISER
To Whom Paid	Date (MM/DD/XXXV) \$
COMMITTEE TO ELECT KATHY FATICA	08/31/2017 100
4613 Southern DR.	Description of Expenditure
City State Zip Code 16506	FUND RAISER
To Whom Paid	Date [MM/DD/YYYY] \$
House# Street Address	09 34 3017 50  Description of Expenditure
6101 EAST LAKE RO.	
ERU State Zip Code 16511	COMMUNITY OF LIFE PROGRAM
To Whom Paid	Date (MM/OD/YYYY) \$
COMMITTEE to Elect CARL ANDERSON House # Street Address	10 (01   20   7   50  Description of Expenditure
3830 PARADE BIVD.	
Eity State Zip Code 16504	FUND RAISER HOST COMM.
To Whom Paid	Date [MM/DD/YYYY] S
Schember For MAYOR  House# Street Address	Description of Expenditure
PO BOX 927	
City   State   Zip   Code 16502	FUND RAISER

Filer Identification Number: 100 2213	
## Silor: Idontification Mumper: ###	
Transfer and the contraction of the state of	
POST CONTROL TO STEEL WITCH A SPECIAL STEEL S	
1 100 2213	

To Whom Paid	Date (MM/DD/YYYY) \$
GUISEPPE MAZZINI ASSN.	10/03/2017 100
House # 601 Street Address PIN OPR DR.	Description of Expenditure
City En 16 PA Code 16504	PROGRAM AD
To Whom Paid	Date [MM/OD/YYYY] \$
Committee to Elect CARL ANDERSON	10/14/2017 60
House # Street Address   SARADE BLUD.	Description of Expenditure
City ERIE PA Code 16504	FUND RAISER
TO Whom Paid  PUERTO RICO HURRICANE Relief FUND	Date [MM/DD/YYYY] \$
	10/16/2017 100
House # 3503 Street Address N.B St.	Description of Expenditure
City Philadelphia State PA Code 19134	HURRICANT Relief
To Whom Paid	Date [MM/DD/YYYY] \$
ERIE POLICE Athletic LEAGUE	10123/2017 150
House# Street Address State St. Ste. 1400	Description of Expenditure
City State PA Code 16501	Fund raiser
To Whom Paid	Date [MM/DD/YYYY] \$
Committee to Elect Jim WWARSKI	10123/2017 25
House # Street Address	Description of Expenditure
ERIE State PA Code 16504	FUND RAISER
To Whom Paid	Date [MM/DD/YYYY] \$
ELKS LODGE 67	10/31/2017 20 Description of Expenditure
House # Street Address Peninsula On.	occupanto continue
City ERIE PA Code 16506	GUN RAFFLE TICKETS
To Whom Paid	Date MM/DD/WWI \$
DR GERTRADE A. BARBER FOUNDATION	11 Lat (2017   380 Description of Expenditure
House# 100 Street Address BARBER PLACE	pescription of expendence
City State PA Code 16507	CARISTMAS BALL
TO Whom Paid. TIM HORTON'S	Date [MM/DD/YYYY] \$ 74'19
House # Street Address	Description of Expenditure
NAH AND HOLLAND	REFRESHMENTS FOR PATHWAYS
City State PA Code 14501	to PARDON EVENT

To Whom Paid			Date [MM/DD/YYYY] \$ .00
	ERIE MAENNERCHOR	CLUB	
House #   1601	Street Address State St.		Description of Expenditure
City ERIE	State PA	Zip   Code     650	REFRESHMENTS for pet out the Vote RALLY
To Whom Paid			Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM//DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
To Whom Paid	Legislation control		Date (MM/DD/MYYY) \$
House #	Street Address		Description of Expenditure
City	State	.Z/p Code	
To Whom Paid			Date (MM/DD/YMY) \$
House#	Street Address	E-/ABS CONTROL OF THE STATE OF	Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date (MM/DD/YYYY) \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To:Whom Paid			Date MM/DD/YYYY) \$
House #	Street Address	No. 25 24 24 25 42	Description of Expenditure
City	State	Zip Code	
To:Whom Paid			Date [MM/DD/YYYY] \$
House#	Street Address		Description of Expenditure
City	State	Zip Code	

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: 2062	113	 	

Name of Creditor	FLO	AND VICKI FAR	1210		4.2	Dutstanding Balance of Debt
House# 2617	Street Addre			Date Debt incur [mm/dd/yyyy   31   2 <i>005</i>		2,416 -73
City	ER	1E	State PA	Zip	508	
Description of Debt	9 <i>K</i> (398)	o To committee	to Elect F	10 FABR	1210	
Name of Creditor					3	Outstanding Balance of Debt
House#	Street Addre	iss		DATE DEBT INCUR [MM/DD/YYYY	CONTRACTOR OF THE PARTY OF THE	
City		(652 <u>)</u>	State	Zip Code		
Description of Debt			12000000001	Landing green Facebox, (CCF &)		
Name of Creditor			- September		3	Outstanding Balance of Debt
House#	Street Addr	*\$\$		DATE DEBT INCUR [MM/DD/YYYY		
City		H.S. e. I	State	Zip Code		
Description of Debt			Process of the Second	**************************************		
Name of Creditor						Outstanding Balance of Debt
House #	Street Addr	ess	, s	DATE DEBT INGUE [MM/DD/XYY)	STORES OF THE PROPERTY OF	
City			State	Zip Code		
Description of Debt			1033 V 0-130 SC/III	Language and and	Fac	
Name of Creditor				DATE DEBIMOUR	2	Outstanding Balance of Debt
House #	Street Addr			[MM/DD/XXX	<b>的现在分词 2000年</b>	
City			State	Zip Code		
Description of Debt						
Name of Creditor					200	Outstanding Balance of Debt
House #	Street Addr	BSS		DATE DEBT INCUI		
City			State	Zip Code		
Description of Debt			Time Stages Conf.	•		